

haynesboone

RECEIVED
CENTRAL FAX CENTER

SEP 30 2005

Date: Friday, September 30, 2005 4:52:30 PM

Haynes and Boone, LLP
901 Main Street, Suite 3100
Dallas, Texas 75202-3789
Phone: (214) 651-5000
Fax: (214) 651-5940
www.haynesboone.com

Total Pages Including Cover: 36

To: Examiner Susan C. Alimenti Company:

Fax: 1 571 273 8300 Telephone:

Client/Matter: 34321. 3

From: Randall C. Brown

Direct Telephone: 214-651-5242

Direct Fax: 214-200-0853

Should you have any problem with this transmission, please call: 214-651-5242

Message:

Applicant: Wayne J. Falcon
Serial No.: 10/654,825
Filed: September 4, 2003
For: WEIGHTED SHANK FISH HOOKS
Art Unit: 3644

Confidentiality Note: The information contained in this facsimile message is privileged and confidential and is intended only for the use of the addressee. The term "privileged and confidential" includes, without limitation, attorney-client privileged communications, attorney work product, trade secrets, and any other proprietary information. Nothing in this facsimile is intended by the attorney or the client to constitute a waiver of the confidentiality of this message. If the reader of this message is not the intended recipient, or employee/agent of the intended recipient, you are hereby notified that any duplication, or distribution of this communication is unauthorized. If you have received this message in error, please notify us by telephone immediately so that we can arrange for the return of the original documents to us at no cost to you.

PAGE 1/36 * RCVD AT 9/30/2005 5:53:16 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/25 * DNIS:2738300 * CSID:Haynes and Boone,LLP * DURATION (mm:ss):16-46

RECEIVED
OPIPE/IAP
OCT 04 2005

RECEIVED
CENTRAL FAX CENTER

SEP 30 2005

PTO/FB/21 (09-04)

Approved for use through 07/31/2005. GMB 0251-0021
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

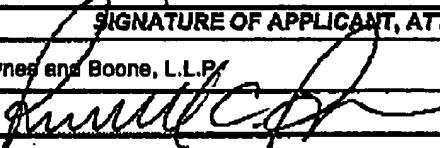
(to be used for all correspondence after 10/1/01)

Total Number of Pages in This Submission

Application Number	10/654,825
Filing Date	September 4, 2003
First Named Inventor	Wayne J. Falcon
Art Unit	3644
Examiner Name	Alimenti, Susan C.
Attorney Docket Number	34321.3

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Final <input checked="" type="checkbox"/> Affidavit/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Alter Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): IDS references; return postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Haynes and Boone, L.L.P.		
Signature			
Printed name	Randall C. Brown		
Date	September 30, 2005	Reg. No.	31,213

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Ellen Lovelace	Date	9/30/2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

D-1379331

RECEIVED
CENTRAL FAX CENTER

SEP 30 2005

PTO/SB/17 (12-04)
Used for use through 07/31/2008. OMB 0551-0632
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<p style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4812).</p> <h1 style="text-align: center;">FEE TRANSMITTAL For FY 2005</h1> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$ 240.00)</p>		<p style="text-align: center;"><i>Complete If Known</i></p> <table border="1"> <tr> <td>Application Number</td> <td>10/654,625</td> </tr> <tr> <td>Filing Date</td> <td>September 4, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Wayne J. Falcon</td> </tr> <tr> <td>Examiner Name</td> <td>Altman, Susan C.</td> </tr> <tr> <td>Art Unit</td> <td>3844</td> </tr> <tr> <td>Attorney Docket No.</td> <td>34321.3</td> </tr> </table>	Application Number	10/654,625	Filing Date	September 4, 2003	First Named Inventor	Wayne J. Falcon	Examiner Name	Altman, Susan C.	Art Unit	3844	Attorney Docket No.	34321.3
Application Number	10/654,625													
Filing Date	September 4, 2003													
First Named Inventor	Wayne J. Falcon													
Examiner Name	Altman, Susan C.													
Art Unit	3844													
Attorney Docket No.	34321.3													

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information on another form. See 44 CFR 102-11.22.

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Page Paid (\$)
	Fee (\$1)	Small Entity Fee (\$1)	Fee (\$1)	Small Entity Fee (\$1)	Fee (\$1)	Small Entity Fee (\$1)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	300	150	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

PROVISIONAL
2 EXCESS CLAIM FEES

**2 EXCESS C
Emissions**

Each claim over 20 cr. for Reissues, each claim over 20 and more than in the original patent.

Each independent claim over 3 or, for Reissues, each claim over 25 and more than in the original patent 200 100

**Each independent claim over 5 cl., for Reissues, each independent claim more than in the original patent 360 180
Multiple dependent claims 360 180**

Multiple Dependent Claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	X	=		Fee (\$)
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)
Index. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
- 3 or HP =	X	=		

2. 项目概况与需求

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity). For each additional 50 sheets or fraction thereof, Reg. 33-115.2 (4) NYMPC, as 1-22 GPO, 1-15-12.

for each additional 50 sheets or fraction thereof. See 33 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(b).

Total Sheets **Extra Sheets** **Number of each additional \$0 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____ - 100 = _____ / .50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 See (no small entity discount)

Other: Extension of Time (37 CFR 1.17(a)(1)) \$20.00; IDS (37 CFR 1.17(p)) \$180.00

~~5240.00~~

SUBMITTED BY *Rendell C. Brown*
Signature *Rendell C. Brown* Registration No. 31,213 Telephone 214-851-6242
Name (Print/Type) Rendell C. Brown Date 9/30/2005
(Attorney/Agent)

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.4. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

D-1379393.1

Customer No. 27883